

ALABAMA STATE CAPITOL  
600 DEXTER AVENUE  
SUITE S-105  
MONTGOMERY, AL 36130



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WWW.SOS.ALABAMA.GOV

**BETH CHAPMAN**  
*SECRETARY OF STATE*

**MEMORANDUM**

**To:** Probate Judges and County Commission Chairs

**From:** Beth Chapman  
Secretary of State

**Date:** September 26, 2008

**Re:** Phase II - Application for Grant Funds to Improve the Accessibility of Elections to Individuals with Disabilities

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After the successful grant application process earlier this year, I am pleased to announce Phase II of the Application for County Reimbursement for Improving the Accessibility of Elections to Individuals with Disabilities. Alabama has approximately \$600,000.00 to fairly and equitably distribute among the 67 counties. My staff has worked diligently to develop guidelines and an application that allows the Secretary of State's Office to fairly and equitably distribute funds in each county.

Enclosed is a breakdown by county of the maximum amount of money available for reimbursement in each county based on the total number of registered voters; instructions for filling out the application for county reimbursement; and the application for county reimbursement. The categories used for reimbursement may be found in the enclosed reference "DOJ ADA Checklist for Polling Places". My apologies for this time-consuming process, but we must have this detailed information for federal auditing purposes.

Reimbursement requests should be received in the Secretary of State's Office **no later than January 16, 2009** and should be mailed to:

**Office of the Secretary of State  
Attn: Adam Thompson, State HAVA Director  
Alabama State Capitol  
600 Dexter Avenue, Suite S-105  
Montgomery, AL 36130**

Please include all necessary documentation with each application, including all requested signatures. If you have questions, please contact Adam Thompson at (334) 353-7818 or [adam.thompson@sos.alabama.gov](mailto:adam.thompson@sos.alabama.gov).

**Total Money Available for Phase II - County Reimbursements for Improving the  
Accessibility of Elections to Individuals with Disabilities**

<b>County</b>	<b>Total Voters*</b>	<b>Money Available</b>
AUTAUGA	31,604	\$ 6,636.84
BALDWIN	106,160	\$ 22,293.60
BARBOUR	16,255	\$ 3,413.55
BIBB	12,201	\$ 2,562.21
BLOUNT	30,006	\$ 6,301.26
BULLOCK	7,282	\$ 1,529.22
BUTLER	13,662	\$ 2,869.02
CALHOUN	67,900	\$ 14,259.00
CHAMBERS	22,048	\$ 4,630.08
CHEROKEE	14,642	\$ 3,074.82
CHILTON	25,208	\$ 5,293.68
CHOCTAW	10,825	\$ 2,273.25
CLARKE	17,838	\$ 3,745.98
CLAY	9,961	\$ 2,091.81
CLEBURNE	9,000	\$ 1,890.00
COFFEE	26,472	\$ 5,559.12
COLBERT	34,264	\$ 7,195.44
CONECUH	10,053	\$ 2,111.13
COOSA	7,917	\$ 1,662.57
COVINGTON	21,135	\$ 4,438.35
CRENSHAW	8,873	\$ 1,863.33
CULLMAN	49,046	\$ 10,299.66
DALE	27,823	\$ 5,842.83
DALLAS	30,868	\$ 6,482.28
DEKALB	36,808	\$ 7,729.68
ELMORE	41,152	\$ 8,641.92
ESCAMBIA	20,789	\$ 4,365.69
ETOWAH	59,825	\$ 12,563.25
FAYETTE	10,810	\$ 2,270.10
FRANKLIN	21,016	\$ 4,413.36
GENEVA	15,126	\$ 3,176.46
GREENE	7,512	\$ 1,577.52
HALE	11,885	\$ 2,495.85

\*As shown in the Voter Registration System - August 31, 2008

**Total Money Available for Phase II - County Reimbursements for Improving the  
Accessibility of Elections to Individuals with Disabilities**

<b>County</b>	<b>Total Voters*</b>	<b>Money Available</b>
HENRY	11,167	\$ 2,345.07
HOUSTON	55,236	\$ 11,599.56
JACKSON	34,189	\$ 7,179.69
JEFFERSON	410,701	\$ 86,247.21
LAMAR	10,819	\$ 2,271.99
LAUDERDALE	52,335	\$ 10,990.35
LAWRENCE	22,116	\$ 4,644.36
LEE	77,194	\$ 16,210.74
LIMESTONE	42,343	\$ 8,892.03
LOWNDES	10,213	\$ 2,144.73
MACON	16,240	\$ 3,410.40
MADISON	194,567	\$ 40,859.07
MARENGO	14,766	\$ 3,100.86
MARION	19,347	\$ 4,062.87
MARSHALL	47,450	\$ 9,964.50
MOBILE	243,189	\$ 51,069.69
MONROE	16,142	\$ 3,389.82
MONTGOMERY	132,917	\$ 27,912.57
MORGAN	65,348	\$ 13,723.08
PERRY	8,434	\$ 1,771.14
PICKENS	13,317	\$ 2,796.57
PIKE	17,770	\$ 3,731.70
RANDOLPH	15,579	\$ 3,271.59
RUSSELL	29,142	\$ 6,119.82
SHELBY	110,392	\$ 23,182.32
ST CLAIR	51,850	\$ 10,888.50
SUMTER	8,324	\$ 1,748.04
TALLADEGA	46,201	\$ 9,702.21
TALLAPOOSA	26,279	\$ 5,518.59
TUSCALOOSA	98,335	\$ 20,650.35
WALKER	43,224	\$ 9,077.04
WASHINGTON	13,807	\$ 2,899.47
WILCOX	9,438	\$ 1,981.98

\*As shown in the Voter Registration System - August 31, 2008

**Total Money Available for Phase II - County Reimbursements for Improving the  
Accessibility of Elections to Individuals with Disabilities**

<b>County</b>	<b>Total Voters*</b>	<b>Money Available</b>
WINSTON	16,187	\$ 3,399.27
<b>Grand Total</b>	<b>2,820,524</b>	<b>\$ 592,310.04</b>

\*As shown in the Voter Registration System - August 31, 2008



**BETH CHAPMAN**  
*SECRETARY OF STATE*

**Phase II - Application for County Reimbursement for Improving the  
Accessibility of Elections to Individuals with Disabilities**

*Funding provided by the U.S. Department of Health & Human Services, Administration for Children and Families  
Election Assistance for Individuals with Disabilities (EAID) Grant Program*

**Instructions for Filling Out Application**

**Section 1 – County Information**

1. Please fill out all information requested.
2. If any information does not apply please put N/A.

**Section 2A – Polling Facility Improvements - Permanent**

1. Enter the name of the Polling Facility for which you are seeking reimbursement.
2. Enter the address of the Polling Facility.
3. In the first table titled “Total Reimbursement for Permanent Improvements for this Polling Facility,” enter the total amounts claimed in the listed categories using the “DOJ ADA Checklist for Polling Places” (enclosed) as a reference.
4. In the subsequent tables list the detailed expenditures and totals for each category provided.
5. Repeat this process **for each polling facility** for which you are seeking reimbursement.

**Section 2B – Polling Facility Improvements - Temporary**

1. Enter the name of the Polling Facility for which you are seeking reimbursement.
2. Enter the address of the Polling Facility.
3. In the first table titled “Total Reimbursement for Permanent Improvements for this Polling Facility,” enter the total amounts claimed in the listed categories using the “DOJ ADA Checklist for Polling Places” (enclosed) as a reference.
4. In the subsequent tables list the detailed expenditures and totals for each category provided.
5. Repeat this process **for each polling facility** for which you are seeking reimbursement.

### **Section 3 – Non-Facility Improvements**

1. In the first table titled “Total Reimbursement for Non-Facility Improvements,” enter the total amounts claimed in the listed categories.
2. In the subsequent tables list the detailed expenditures and totals for each category provided.

### **Section 4 – Total Request & Certification**

1. Add the subtotals from each section of your request including permanent polling facility improvements, temporary polling facility improvements, and non-facility improvements.
2. The Probate Judge **and** the County Commission Chair must **both** sign the application. Their signatures must be witnessed by a notary public.
3. Submit the completed application **no later than January 16, 2009** to:

**Office of the Secretary of State**

**Attn: Adam Thompson, State HAVA Director**

**Alabama State Capitol**

**600 Dexter Avenue, Suite S-105**

**Montgomery, AL 36130**

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**Phase II - Application for County Reimbursement for Improving the  
Accessibility of Elections to Individuals with Disabilities**

*Funding provided by the U.S. Department of Health & Human Services, Administration for Children and Families  
Election Assistance for Individuals with Disabilities (EAID) Grant Program*

**Section 1 – County Information**

**Name of County:**

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

**Name of Person Completing Form:**

\_\_\_\_\_

Title/Position:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Name of Probate Judge:**

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Name of County Commission Chair:**

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Name of County Purchasing Agent:**

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Name of Primary Contact:**

\_\_\_\_\_

Title/Position:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

## Section 2A – Polling Facility Improvements - Permanent

Please complete this section **for each polling facility** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

**Polling Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Total Reimbursement for Permanent Improvements for this Polling Facility

DOJ Checklist Area	DOJ Checklist Questions	Amount Requested
Parking	A1-A9	\$
Passenger Drop-Off	B1-B8	\$
Sidewalks and Walkways – Mobility	C1-1--C1-6	\$
Sidewalks and Walkways – Visual	C2-1--C2-3	\$
Building Entrance	D1-D6	\$
Hallways and Corridors – Mobility	E1-1--E1-7	\$
Hallways and Corridors – Visual	E2-1--E2-3	\$
Voting Area	F1-F4	\$
<b>TOTAL</b>		<b>\$</b>

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made, such as ramps, signs, parking lot paving, etc. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

#### A. Parking

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b>			<b>\$</b>



**B. Passenger Drop-Off**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**C. Sidewalks and Walkways - Mobility**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**D. Sidewalks and Walkways - Visual**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**E. Building Entrance**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**F. Hallways and Corridors – Mobility**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**G. Hallways and Corridors – Visual**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**H. Voting Area**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

## Section 2B – Polling Facility Improvements - Temporary

Please complete this section **for each polling facility** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

**Polling Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Total Reimbursement for Temporary Improvements for this Polling Facility

DOJ Checklist Area	DOJ Checklist Questions	Amount Requested
Parking	A1-A9	\$
Passenger Drop-Off	B1-B8	\$
Sidewalks and Walkways – Mobility	C1-1--C1-6	\$
Sidewalks and Walkways – Visual	C2-1--C2-3	\$
Building Entrance	D1-D6	\$
Hallways and Corridors – Mobility	E1-1--E1-7	\$
Hallways and Corridors – Visual	E2-1--E2-3	\$
Voting Area	F1-F4	\$
<b>TOTAL</b>		<b>\$</b>

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made, such as portable ramps, signs, etc. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

#### A. Parking

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b>			<b>\$</b>

**B. Passenger Drop-Off**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**C. Sidewalks and Walkways - Mobility**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**D. Sidewalks and Walkways - Visual**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**E. Building Entrance**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**F. Hallways and Corridors – Mobility**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**G. Hallways and Corridors – Visual**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**H. Voting Area**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

### Section 3 – Non-Facility Improvements

Please complete this section for the **non-facility improvements** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

#### Total Reimbursement for Non-Facility Improvements

Improvement Area	Amount Requested
Voter Outreach (advertising about new disability voting machines, etc.)	\$
Elections Office Upgrade (making your elections office ADA accessible, etc.)	\$
Poll Worker Training (training on new disability voting machines, etc.)	\$
Providing Elections Materials in Alternative Formats (large print, Braille, etc.)	\$
Other Areas (things identified by the county as needed to help with ADA, etc.)	\$
<b>TOTAL</b>	<b>\$</b>

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

#### A. Voter Outreach

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b>			<b>\$</b>

#### B. Elections Office Upgrade

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
<b>TOTAL</b>			<b>\$</b>

**C. Poll Worker Training**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**D. Providing Elections Materials in Alternative Formats**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

**E. Other Areas**

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

## Section 4 – Total Request & Certification

Please add the subtotals from each section of your request including **permanent polling facility improvements, temporary polling facility improvements, and non-facility improvements.**

Total Amount of Reimbursement Request
\$ _____

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As the **Probate Judge and the chief election official** for \_\_\_\_\_ County, I submit this Application for County Reimbursement for Improving the Accessibility of Elections to Individuals with Disabilities. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of Title II, Subtitle D, Section 261 of the Help America Vote Act (42 USC 15461). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Department of Health and Human Services and that any other penalties provided by Federal and State law may apply.

**Name of Probate Judge:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

*My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

( Seal )

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed name of Notary Public*

~~~~~

As the **County Commission Chair** for \_\_\_\_\_ County, I submit this Application for County Reimbursement for Improving the Accessibility of Elections to Individuals with Disabilities. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of Title II, Subtitle D, Section 261 of the Help America Vote Act (42 USC 15461). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Department of Health and Human Services and that any other penalties provided by Federal and State law may apply.

**Name of County Commission Chair:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

*My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

( Seal )

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed name of Notary Public*